

CITY OF CHULA VISTA
Witness Report of Injury/ Illness

(Complete and submit to the Supervisor of the Injured Employee)

Name of Witness: _____ Dept/Position: _____

Name of injured employee: _____ Date & time injury observed: _____

Location where you observed the employee's injury: _____

Was the employee instructed on how to perform the task at hand? ☐ Yes ☐ No ☐ I don't know

Nature and extent of injury: _____

How did this injury/illness occur? _____

CONTRIBUTING FACTORS, Please check off all factors that you believe played a part in the employee's injury or illness:

PROCEDURES

- ☐ None developed
- ☐ Developed but not understood
- ☐ Developed but not trained
- ☐ Developed but not accurate
- ☐ Developed but unable to follow
- ☐ Inexperience in using
- ☐ _____

COMMUNICATION

- ☐ Insufficient planning
- ☐ Breakdown in communication between workers
- ☐ " " workers and supervisor
- ☐ " " between work teams
- ☐ Confusion after communication
- ☐ Improper/lack of communication

PUBLIC SAFETY ONLY

- ☐ Due to high risk nature of activity (explain): _____
- _____

HAZARDS

- ☐ Created by man
- ☐ Created by external factors (weather)
- ☐ Documented but not repaired
- ☐ Unidentified
- ☐ Identified but accepted
- ☐ Repaired but deficient repair
- ☐ Conditions changed without

IN A HURRY

- ☐ Insufficient planning
- ☐ Employee perceived need
- ☐ Friendly competition
- ☐ Due to external factors
- ☐ Workload too heavy
- ☐ Lack of teamwork
- ☐ Taking shortcuts

TRAINING

- ☐ Insufficient training
- ☐ Not addressed in training
- ☐ Tool used incorrectly

FACILITIES/EQUIP

- ☐ Faulty equipment
- ☐ Poor design
- ☐ Equipment not available
- ☐ Equipment not used properly
- ☐ Corrosion or wear
- ☐ Ergonomic Factors
- ☐ _____

OTHER FACTORS

- ☐ Weather or Temperature
- ☐ Working long hours
- ☐ Physical overexertion
- ☐ Personal protective equipment
- ☐ Improper body position
- ☐ End of shift
- ☐ New job duties
- ☐ Not at optimal health (i.e. cold)
- ☐ Exposure (i.e. TB or blood)
- ☐ _____
- ☐ _____

In your opinion what do you think was the MAJOR CAUSE OF INJURY/ ILLNESS (choose one):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> PROCEDURES | <input type="checkbox"/> HAZARDS | <input type="checkbox"/> TRAINING | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> IN A HURRY | <input type="checkbox"/> FACILITIES/ EQUIP | _____ |

How do you think this injury/illness could have been prevented? _____

Signed: _____

Date: _____